Commercial Feed License Application Whose name appears on the label or invoice shall apply for a license prior to the distribution of a commercial feed in Illinois. This is known as the licensee. Illinois Department of Agriculture, Bureau of Agricultural Products Inspection State Fairgrounds-P.O. Box 19281 Springfield, IL. 62794-9281 (217) 782-3817 TTY: (866)287-2999 License Fee: \$30.00			Check# Code: 60 Other:	O2 Amount\$	Code: 603 Amount\$	Code: 604 Amount\$	Office UseCode: 605
			For License Year:			Web site	: www.agr.state.il.us
Licensee Name	e:		Address:				
Registration Number:			City:		State:	Zip code: _	<u>.</u>
Contact Person:			Business Name Other Than Licensee*:				
Telephone:			Mailing Address:				
E-Mail Address:			City:		State:	Zip code: _	
Business FEIN#:			*E.g. Companies as "DBA" or submitting registrations in "care of" a licensee requiring an alternate mailing address other than licensee.				
Type of Ope	ration: (Check √) Manu	facturer: Distributor:: Renderer	: Broker: Other:			(Describe)	
Entities who o	•	e site under the same entity's business na	ame shall list any and all addit	ional sites operated	d in <u>ILLINOIS only</u> :		
(Off. Use) Site No.	County	Plant Manager	Address (street, city & zip code)				Telephone #
		NUMBER OF PLANTS OPERATED IN ILLIN				· ·	
Under the II. AI am not su to so certify ma	Administrative Procedures a ubject to a child support or ay result in denial of the ap	Act, each State agency must require license h der"l am not more than 30 da pplication/renewal; and making false statemer	nolders to certify: "I hereby certify ys delinquent in complying with a nts may subject the licensee to co	, under penalty of per child support order" ntempt of court (5ILC	rjury, that (please check one√) I am more than 30 days delir S 10/1 0-65 c)	nquent in complying with a	a child support order". Fail
I hereby certify	y that if a license is granted	d under this application, I agree to conform an contained herein is true and accurate to the b	nd conduct my business in accord				

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 56 1/2, Paragraphs 55-1through55-21. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management. IL406-0039

(Date)

(Signature of authorized representative)

(Print or type name of authorized representative)